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	APR-22 '22 PM12:03		R.I. Local Form 1007-1.2 (Rev. 7/1/15)	
	D STATES BANKRUPTCY COURT HE DISTRICT OF RHODE ISLAND		(1607. 171713)	
In re:	:			
Debtor(Rob	s) ept L. Dliver SR:	BK No. Chapter	13	
	CERTIFICATION BY PRO SE DEBTOR			
	(222) a voluntary bankruptcy petition was filed by the undersigned, ing pro se and without legal counsel. Certification is hereby made that:			
CHECK EITHER ITEM 1 OR 2 ONLY. IF ITEM 2 IS SELECTED, PROVIDE NAME AND ADDRESS OF ASSISTANCE PROVIDER:				
(1) No persons and/or entities, other than myself/us, assisted in the preparation, typing, and/or completion of said petition and/or related schedules;				
who as	the following persons and/or entities constitute the only persons/entities no assisted in the preparation, typing, and/or completion of said petition and all related hedules, and represent the only sums paid by me/us for these services:			
NAME	AND ADDRESS OF ASSISTANCE PR	OVIDER	TOTAL AMOUNT PAID	
	:			
hereby certify under penalty of perjury that the above information is true and accurate to the best of my knowledge. I am aware that the providing of false or incomplete information may result in the denial of discharge in bankruptcy and/or other sanctions.				
9412 DATE	2/2022	PLOS SIGNATURE	Ton D	
		Phone number	25/1/10/10/10/10/10/10/10/10/10/10/10/10/1	

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